

**Arizona Department of Education
Early Childhood Block Grant
K-3 Eligibility Form**

District/Charter _____ C-T-D # _____
Address _____

K-3 Free Lunch Eligible Count

Number of enrolled K-3 students eligible for free lunch in October 2003 _____
Data source: _____

Average Daily Membership Count Verification

PLEASE CHECK ONE

_____ The K-3 40- day Average Daily Membership reflected on the October SAIS ADMS46-1 report is **correct**.

_____ The K-3 40 day average daily membership count reflected on the October SAIS ADMS46-1 report was found to be **incorrect**. The **correct** K -3 40-day Average Daily Membership count is _____. Data source: _____

The information provided on this form is true and correct. This information is being used for the purpose of calculation of the Early Childhood Block Grant allocation to this school district/charter. Verification of figures may be requested.

ECBG Program Contact:

Printed Name Title

Signature Date

ECBG Financial Contact:

Printed Name Title

Signature Date

Return form ***no later than March 19, 2004*** by mail or fax to:
Arizona Department of Education
1535 W. Jefferson St. Bin #15
Phoenix, AZ 85007
Attn: Pat Immele
Fax # 602.542.2730